

Department of Insurance State of Arizona

Financial Affairs Division – Trust Deposit Unit 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269 Telephone: (602) 364-2712 Fax: (602) 364-3989

APPLICATION AND ORDER FOR RELEASE OF EXCESS DEPOSIT

A. Application (To be completed by Applicant) Application is hereby made in accordance with A.R.S. § 20-588 for release of funds deposited with the Arizona State Treasurer, which total \$ in face value, for: (Name of Company) (NAIC#) ______ corporation, by _______, its duly authorized officer in his/her capacity as ______, who certifies herein that such funds are in excess of the required deposit amount of \$_____ and that upon release, the remaining amount of funds on deposit, measured at the lesser of \$______ in face value or in current Account Value,* satisfy the deposit requirement. The properly completed and executed Release Form(s) E126CD, as applicable is (are) attached which sets forth the complete description of Certificate(s) of Deposit requested to be released and instructions for their delivery. Please give notice of the order on this matter by mail delivery to: Dated: _____ B. Order (To be completed by Department of Insurance) By authority of the Director of Insurance delegated in accordance with A.R.S. § 20-148 and A.R.S. § 20-150, and in accordance with A.R.S. § 20-588, IT IS HEREBY ORDERED approving the application for release of excess deposit set forth above, effective this _____ day of _____, ___ Assistant Director Financial Affairs Division Mailed this _____ day of ______, ____ by_____

*Account Value is only applicable to deposits comprised of marketable securities and is defined in the Custody Agreement Form E003 as "the aggregate of the (a) cash, plus (b) the lesser of the market value, par value or amortized value of each Eligible Security in the Account."